

**Indiana Family and Social Services Administration  
Division of Mental Health and Addiction**

*Training and Support for Unpaid Caregivers Provider Certification*

Name of Agency:

Date:

Yes      No      N/A

☐☐☐

CMHC that is certified by the Division of Mental Health and Addiction (DMHA).

Yes      No      N/A

☐☐☐

Approved accreditation by a nationally recognized accrediting body. Please circle all that apply: AAAHC, COA, URAC, CARF, ACA, JCAHO, or NCQA

Documentation that persons providing the service meet the following minimum qualifications:

Name of Individual:

Date:

Yes      No

☐☐

At least 21 years of age; attach copy of picture identification card

☐☐

High school diploma or equivalent; attach copy of diploma or equivalent

Name of school or agency where completed:

Date of completion:

☐☐

Two years paid or personal experience with children with SED/youth with serious mental illness

Dates of experience:

Type of experience:

☐☐

Completion of DMHA approved training program on the following topics:

Introduction to System of Care values and philosophy –

Date completed:

Name of Training:

Name of person or agency that provided training:

Participation on a Child and Family Team or Training on same subject–

Date completed:

Name of Training or Facilitator observed:

Name of person or agency that provided training:

☐☐

Supervised by QMHP

Name of QMHP Supervising:

☐☐

State and local criminal background screens

Attach copy of screen

**Indiana Family and Social Services Administration  
Division of Mental Health and Addiction**

*Training and Support for Unpaid Caregivers Provider Certification*

☐ ☐ State and local Child Protective Services registry screens  
Attach copy of screen

☐ ☐ Drug screen  
Attach copy of screen

Both Agencies and Individuals must meet the following criteria:

Yes      No

☐ ☐ Current contract with systems of care agencies in the demonstration project counties;  
or  
Currently registered as a waiver provider by the Division of Aging or the Division of  
Rehabilitative Services to provide Family and Caregiver Training under Indiana Home  
and Community-Based Services Waivers  
Please attach documentation

Please submit this form and copies of required documentation to the CA-PRTF Team at DMHA.  
DMHA is responsible for verifying an individual or agency meets the above qualifications with  
annual renewals.